SCHOOL PHYSICIANS' BULLETIN

VOL. V JUNE, 1935 No. 6

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BE SURE TO REMEMBER

The Annual Meeting of the National T. B. Association, at Saranac Lake, N. Y., June 24-27, 1935.

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Devoted to efficiency and medical leadership in school medical inspection and health service. Published monthly, except July and August, at Albany, N. Y.

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Members, including dues, $2.00. Non-members, $1.50. Single copies, 25c. Advertising rates furnished on application

Address all cummications to

THE BUSINESS MANAGER, 883 Broadway, Albany, N. Y.

Entered as second class matter Jan. 8, 1931, at the Post Office at Albany, N. Y., under the act of March 3, 1879

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School Physicians' Bulletin

Devoted to the interests and advancement of School Physicians and the service rendered by them. Your participation by membership is solicited.

VOL. V JUNE, 1935 No. 6

THE MASSACHUSETTS SCHOOL TUBERCULOSIS CLINIC PROGRAM IN RETROSPECT AND IN PROSPECT

HENRY D. CHADWICK, M.D.

Massachusetts Commissioner of Public Health

In 1924, Doctor Eugene R. Kelley, Commissioner of Public Health, published an article on the proposed tuberculosis prevention program in the state. From this I quote: "The state-wide plan for the next ten years attacks the problem during childhood, when the disease is in the beginning stages and the outlook is favorable. . . . The three distinct types of tuberculosis embrace (a) the infantile type which is usually in the nature of a general infection and is preponderantly fatal; (b) the juvenile type, usually discovered between 5 and 12 years of age, which shows a very low fatality and is essentially one of the lymphatic glands; (c) the adult type wherein the disease has spread beyond the lymph glands and may attack any organ of the body although most conspicuously found in the lungs. . . ."

It was proposed to examine three school groups: First, the children who were ten per cent or more underweight; second, contact children; third, suspicious children, whose physical condition was considered unsatisfactory by physicians and teachers. It was estimated that 15 per cent or 110,000 of the children then in the schools between the ages of five and twelve would come under such classifications, and that over the period of the study probably 200,000 would be the total examined. Preliminary expectation was that 8 per cent after examination and X-ray would show sufficient signs to justify a positive diagnosis. Such children would need to be placed under good hygienic conditions and their nutrition improved before reaching the critical period of adolescence. Not more than one per cent of the total group selected for examination would require sanatorium treatment.

Such was the forecast made by Dr. Kelley ten years ago. The clinics were organized and examinations have been carried on in practically every city and town, in many of them twice, during the period 1924-34. After the first three years' experiense, all attempts at selection were given up because it was found that was as frequently present in children who were average or over-weight as among the underweights. The state of nutrition is not a criterion as to the presence or absence of tuberculosis. Also, a statement as to contact with open tuberculosis should not be re-

lied upon. Therefore, children were accepted for examination regardless of weight or history of contact. The pupils were all given a physical examination and a tuberculin test. Later the tests were read and a roentgenogram was made of the chest of each positive reactor.

After five years, this procedure was radically changed as it was realized that the stethescopic chest examination was in most instances a waste of time and but rarely did it reveal signs of tuberculosis even when the disease was present. The recording of other physical defects was really a duplication of the work of the school physician and could also be discontinued. The aim of the study was thereafter wholly that of tuberculosis case-finding.

The new plan consisted of (1) the tuberculin test to select the infected children, (2) X-ray of the positive reactors, and (3) a physical examination of only those pupils whose roentgenograms showed evidences of disease. This allowed the large clinic staff to be broken up into units of one doctor and one nurse who worked together. The children lost less time from the classroom, as the examination period was shorter. The confusion resulting from large numbers of clinic personnel working at one time in school was avoided. The number of children who could be examined for tuberculosis by the same number of doctors was greatly increased as compared with the earlier plan. In the first five years 100,000 were examined, and in the second five years 300,000.

Tabulation of Results of the Ten Years' Work, 1924-1934.

Enrollment of Tested Schools	991,113
Number Given Tuberculin (VonPirquet) Test	400,591
Percent Tested, of School Enrollment	40.0
Number of Positive Reactors to Test	100,025
Percent Positive Reactors of Number Tested	25.0
Number X-rayed	103,462
Number Given Physical Examination	117,777
Number of Adult Type Pulmonary Cases Found	261
Percent Adult Type Cases of Number Tested (One in each 1,500)	0.065
Percent Adult Type Cases of Positive Reactors (One in each 380)	0.261
Number of Childhood Type Cases Found	5,620
Percent Childhood Type Cases of Number Tested	1.40
Percent Childhood Type Cases of Positive Reactors	5.62
Number of Suspect Cases Found	12,323
Percent Suspect Cases of Number Tested	3.08

The number of cases of adult type pulmonary tuberculosis was small (261) but this was expected as a large proportion of the children examined were in the elementary grades. Only during the last five years were high school pupils included in this survey.

The suspect cases were individuals wherein the x-ray evidence indicated tuberculosis but was not sufficiently typical to allow a definite diagnosis. Many of these suspects had a history of contact, and because of the positive reaction there was reason for further observation. All together, in these three groups, there was a total of 18,204 pupils who were definitely tuberculous or showed some indication of tuberculosis. In other words, nearly five of all children examined needed definite medical supervision and some of them sanatorium care. In no other way could these handicapped children have been selected from the multitude until the disease had progressed to such a degree that symptoms made it apparent, and then we know from our experience that it would have been too late to expect favorable results from treatment.

Adult type disease was found in grade school in one in 3,300; and in high school one in 690. Where there was a history of contact the adult type occurred very much oftener than in the non-contact group, but the history was so difficult to obtain that no group of pupils should depend solely on this method of screening. All reactors should be x-rayed. A systematic effort should be made to find the source by making an x-ray examination of the members of the household. Repeated effort at six months intervals could be devoted to this important factor.

The number of childhood type cases was 1.4 per cent of the whole number tested. This was much higher where there was a history of family contact. Besides the possibility of re-infection from outside sources, these children have to contend with their own focus of tuberculosis—a potential cause of subsequent disease of the more serious adult type.

Following is a tabulation of three groups of children examined in 1924 to 1927.

Group I—Negative tuberculin test; no x-ray taken.

Group II—Positive tuberculin test; x-ray negative. Because of history of contact or suspicious x-ray evidence, classified as suspects and listed for annual x-ray.

Group III—Positive tuberculin test; x-ray showing nodules or calcified nodes. Classified as childhood type and listed for annual x-ray.

Subsequent Tuberculosis History as Found in February, 1933, Six to Nine Years After First Examination

	Number	Tuberculin Test	X-ray	% Developed Adult Type	% Contact
Group I	927	Negative	Not done	0.22	11.7
Group II	405	Positive	Negative	0.74	61.0
Group III	850	Positive	Positive	3.4	39.9

From the tabulation it will be seen that the adult type of pulmonary tuberculosis developed fifteen times as often in Group 3 and five times

as often in Group 2 as in Group 1. This, notwithstanding the percentage of known contacts that was nearly twice as high in Group 2 as in Group 3.

Instead of calcified nodes or nodules in the lungs being an indication of healed disease that would substantially increase immunity, they are in fact a potential menace to the individual concerned; at least, that is so during the period of adolescence and young adult life. Furthermore, we may speculate that the high death rates that occur in the forties, fifties and sixties may in fact be due in large measure to a re-infection from these hidden foci of childhood tuberculosis.

Critics have stated that the actual number of cases of tuberculosis found in school surveys is too small to make such an examination worth while on account of the time consumed and the expense entailed. The answer to this argument is that in no other way can the 5 per cent of children who either have tuberculosis or indications of it be found until tubercle bacilli have made such inroads that the disease becomes manifest. Then it is unfortunately too late to do much in the way of treatment that is effective in arresting the process. Furthermore, the lectures that were given to teachers and to high school students about tuberculosis preceding the examination, the teaching of the method of doing the tuberculin test, and the interpretation of the roetgenogram to the local physicians to whom the children are referred if there is evidence of disease, must be considered the most practical form of health education. The 400,000 children who have been tested and the more than 100,000 who have been x-rayed have had a personal demonstration of tuberculosis case finding that will always be remembered.

The future of this school clinic service is assured by the transfer of the program to the county and State sanatoria. These institutions have added to their staffs so that the work may be carried on in a modified way. Instead of occasional examinations of all school children it has been decided to examine annually the pupils in the seventh, ninth and eleventh grades. By so doing three examinations will be made during the period of adolescence when tuberculosis shows its highest incidence and the adult type of the disease is more often found. It is expected that this will become routine procedure and carried on in co-operation with the school physicians.

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Justify and strengthen their confidence by making it worth while. Patronize them. Encourage them to continue their support.

It should pay them to advertise in the SCHOOL PHYSICIANS' BULLETIN and it should pay our members and readers to reciprocate.

CORRELATION OF TUBERCULOSIS PROGRAMS IN HIGH SCHOOL AND COLLEGE*

LEE H. FERGUSON, M.D.

Director, Health Service, Western Reserve University, Clveland
Chirman, Tuberculosis Committee American Student Health Association

Perhaps the greatest single weapon that has been given us in the last few years in our fight against tuberculosis has been the general use in large groups of more adequate methods of case-finding. I have special refernce to tuberculin testing and X-raying. It is no longer necessary for us to speak in a vague way about the tuberculosis problem in a high school in a certain district of our city. We can go into that school and in a few days or weeks tell you exactly how much tuberculosis there is in it, we can locate the homes where there are open cases, and can locate all the infected contacts. We have, in fact, a simple way to unfold the complete picture of tuberculosis in the group. The advantage of this is obvious for it not only reduces our problem to a tangible reality, but it also gives us means for evaluating our progress in its solution. The principle is not new, but its extensive application to large groups such as schools, colleges, industries and the like is of more recent origin.

With this in mind let us summarize briefly our present knowledge of tuberculosis at high school age. One of the first contributions on this subject was a survey made in Philadelphia by the Phipps Institute for three years prior to 1929. They found in the age group 14 to 19 of 1422 white children tested, 83% were tuberculin positive and of 1066 positive reactors 3.6% showed latent or active infiltrating lesions of the lung parenchyna in the X-ray. In a survey of school children in Massachusetts in 1926 Chadwick found 1% infiltrating lesions in 877 children age 14 and 15. More recent figures from the Red Hook area in Brooklyn show that of 1325 white children age 15 to 19 X-rayed with paper films in 1933 .8% showed important tuberculosis lesions. These figures indicate that on the average we can expect to find from 1% to 3% of serious tuberculosis in children of high school age.

Tuberculin testing and X-raying are at present a part of our tuberculosis program for Cleveland schools. Tests are made in the kindergarten or first grade, in the seventh grade and in the tenth grade. From 1930 to 1934 about 60,000 tests were made and last year Dr. L. W. Childs estimates that 25,000 were done.

Through the Tuberculosis Bureau and the Health Stations the homes of all the positive reactors are investigated and in the last year 42 cases of pulmonary tuberculosis were found in them. The saving in life, sanatorium care, and economic loss from unemployment on these 42 individuals would pay the total cost of the tuberculin testing five or ten times over.

*Abstract of paper given at the Seventh Annual Meeting, American Association of School Physicians. Saratoga Springs, New York, June 25, 26, 27, 1934.

In the high schools in Cleveland on the average of about 35% are found to react positively to tuberculin. In negro districts the percentage will run as high as 50. In the age group 15 to 19 in Cleveland in 1933 were approximately 83,571 white children and the Health Station records for that year show 435 cases or .5% of pulmonary tuberculosis. As it does not seem probable we are getting more than one-half or one-third of the cases we can safely say that in our white high schools about 1% to 1.5% have serious pulmonary lesions at the present time.

Now let us turn to the situation in our colleges. In the fall of 1933 the Tuberculosis Committee of the American Student Health Association conducted a survey of tuberculosis and tuberculin testing in eleven institions of the United States. These were divided into two groups, the first representing seven institutions where an active program for tuberculosis was in effect and a group of four schools in which either the tuberculosis work was just starting or else there was no active program. The two groups were summarized separately in order to show the very marked difference in the amount of tuberculosis found in the two groups.

The first group of seven institutions representing 38,932 students, reported a total of 262 cases of adult type pulmonary tuberculosis or .67%. The men showed .64%, and the women slightly higher, .75%. The second group of four schools having no active tuberculosis program, representing 15,374 students, reported only 11 cases or .07%.

Thus the first group were able to find approximately ten times as much tuberculosis as the second group. The most logical assumption is that all the tuberculosis in the second group was not being discovered. This can not be stated with any degree of certainty, however, for we know there is a very wide difference in the incidence of tuberculosis at the various institutions.

The case-finding methods used at the various institutions are not sufficiently uniform at present to warrant any comparison between them in regard to the incidence of tuberculosis. I doubt seriously if any one institution is finding all the tuberculosis at the present time. Out of seven institutions having an active tuberculosis program the incidence varied from 3 cases per thousand to 13 cases per thousand. The average for the entire group was 6.7 cases per thousand.

Of all the institutions reporting Minnesota could be taken as most typical. Here they have had a program including tuberculin testing and X-rays for several years. It is a large state university located in a large urban center. In 1932-33 they found 4.3 cases of adult pulmonary tuberculosis per thousand. The results of tuberculin testing in the same year showed 25% positives.

As tuberculin testing in college students is still a fairly new procedure not much data is available at present on it. A summary of all reports showed a total of 14,318 students tested with 35% positives. The percentage in men was 35% and in women 27%. The lowest percentage of

positives was 15% at Lewiston State Normal, Idaho, in 1932, and the highest was 62% at Yale in 1932. Pennsylvania was a close second with 60% positives in 1933.

If we summarize our problem then from the figures which have been given, it would seem safe to assume that in the high school as shown by positive tuberculin reactions at least 35% to 50% of the students have been infected with tubercle bacilli, and on the average of about 1.5% will be shown in the X-ray to have serious tuberculosis of the lungs. In all probability there will be great variations in these figures depending on the locality, but they are sufficiently accurate to show that we have a very definiate and serious menace from this disease at high school age.

Likewise there is also a similar problem in our colleges. Here the positive tuberculin reactions will average 35% with a low of 15% and a high of 62%. The incidence of tuberculosis of the adult type would seem to run about 6.7 cases per thousand on the average with a low of 3 cases and a high of 13 cases per thousand. Allowing for the fact that in college we are dealing with students from somewhat higher economic levels it is obvious that we are carrying over into college exactly the same problem which we face in the high schools and that we are not meeting it adequately in either place.

The foundation for the solution of this problem is to be found in a wider dissemination of accurate knowledge of tuberculosis. School doctors must have better training in this disease; teachers in their training courses must be given modern concepts of tuberculosis, including prevention and treatment; hygiene courses in schools and college must be planned so as to interest our pupils in tuberculosis as an individual and community problem. Add to all these an active program of tuberculin testing and X-raying in our schools and colleges and we have at our disposal all the means necessary to save the terrific toll which tuberculosis takes in these groups.

TUBERCULOSIS PREVENTION

SCHOOL PHYSICIANS' BULLETIN:

Interesting discoveries in tuberculosis prevention are developing from study of school children *as an adjunct* to the usual chest-clinic program. Field work has shown us how difficult is the task of examining all contacts. Aside from the outright refusal by some, we also have to keep in mind professional ethics which hinders follow-through on positive sputa.

The school *develops the educational approach* more completely, brings *adult co-operation* in the homes of positive reactors, and some accepted figures show *better proportion* of early cases. *Attendance at chest-clinic is improved* by this additional effort. The cost of x-ray of positive reactors to tuberculin (per diagnosis) is not excessive, and many parents will pay $1.00 toward the costs.

Cleveland sends us some new figures. "Cuyahoga County is spending $100,000 a month for the care of well-developed cases of tuberculosis. Total cost is $5,000 per case after it is fairly advanced. In 1934, of 640 deaths, 10% were reported only at death and 42% only in the last month of life. In 1934, 10,943 pupils were tested, 1,649 were positive, 1,239 were x-rayed, total found 102 (34 boys, 68 girls). As a result of these positive tests and subsequent visitation to the families from which the children came, *we uncovered 42 cases* of open tuberculosis in the homes that were unknown to the Health Department."

They stress that "In the examination of kindergarten and first graders when a positive reactor is found, we feel that we are pretty close to the party that is infecting the child and we find it very useful, therefore, to give the tuberculin test in these early grades."

These results rather similar to those found at Kingston, N. Y., are regarded as of interest to those concerned with this endemic disease, hence we send them to you. The work in the schools brings opportunities to lecture all over the county for a P. T. A., Grange, 4-H Clubs, High School assemblies, teachers associations, Rotary, and other civic associations." Some areas regard that they have with this intensive propaganda *radically changed the attitude of the community* toward the hospital, the clinic and the disease. Very truly yours,

WILLIAM PAUL BROWN,
Heart and Lung Specialist State Education Department
Albany, N. Y., March 27.

THORACOSCOPIC STUDIES IN PULMONARY TUBERCULOSIS

One Hundred Intrapleural Pneumolyses

GEORGE L. STIVERS, M.D., Worcester, Mass.

In an interesting presentation of the above subject Dr. Stivers comes to the following conclusions:

One hundred thoracoscopies have been observed and classified.

Incomplete compression of diseased areas, especially when active respiratory movements are present, offers very little to stay the progress of the tuberculous disease unless the offending adhesions are severed.

In the early case of pulmonary tuberculosis, the use of intrapleural pneumolysis is a means of shortening the recovery period and diminishing the complications attending artificial pneumothorax.

Tension on the lung structure and complicating exudates seen within the pleural cavity can be corrected in many cases by intrapleural pneumolysis.

The low mortality rate and the excellent results in early pulmonary disease make intrapleural pneumolysis an operative procedure of choice, adaptable to many more patients than has been thought possible in the past. Its increased usage will verify the efficacy of this procedure.

THIRTY-FIRST ANNUAL MEETING OF THE NATIONAL TUBERCULOSIS ASSOCIATION

One of the features of this year's annual meeting of the National Tuberculosis Association at Saranac Lake, New York, in June will be a symposium on "Present Concepts of Tuberculosis Infection and Disease, Their Principles and Application," to be held on Thursday, June 27. The clinical, pathological, sociological, and administrative sections will meet together for that. In the morning "Clinical and Pathological Considerations" will be discussed with Dr. Eugene L. Opie presenting the subject. Among the discussors will be Dr. J. A. Myers, Dr. H. C. Sweany, Dr. E. M. Medlar, Dr. Esmond R. Long, and Dr. Wade Hampton Frost. In the afternoon, "How Our Present Knowledge of Tuberculosis May Be Applied in Community Programs in the Next Decade," will be presented from a variety of angles by Dr. Alton S. Pope, Dr. Clarence L. Hyde, Dr. John B. Hawes, and Dr. H. E. Kleinschmidt. Dr. Galdston will summarize the day's discussion.

Health Education in the Schools will be the topic for the Sociological Section on Tuesday morning, June 25. A luncheon session on Health Education will follow, at which Dr. Charles H. Keene, president of the American Association of School Physicians, and Dr. Dean F. Smiley, of the New York State Department of Education, will be the chief speakers. On Wednesday, June 26, a special luncheon session on College Hygiene will be held. Dr. Lee Ferguson, Chairman of the Tuberculosis Committee of the American Student Health Association, will be in charge with Dr. Esmond R. Long and Dr. Dean F. Smiley on the program.

The meeting commemorates the fiftieth anniversary of the opening of "Little Red" by Dr. E. L. Trudeau which began the sanatorium movement in the United States. The opening session on Monday evening, June 24, will pay special tribute to Dr. Trudeau's memory and the Saranac Lake High School will present tableaux depicting episodes in Dr. Trudeau's life.

JOINT SESSION STATE ASSOCIATION OF SCHOOL PHYSICIANS AND EXTENSION COURSE FOR HEALTH OFFICERS, GRADE II

Wednesday, June 26th, 1935—8 P. M.
Saratoga Springs, N. Y.

Prescribing Exercises for School Children with Orthopedic and Postural Defects—Winthrop M. Phelps, M.D., Yale School of Medicine.

When Shall We Recommend Tonsillectomy?—Albert C. Kaiser, M.D., Rochester, N. Y.

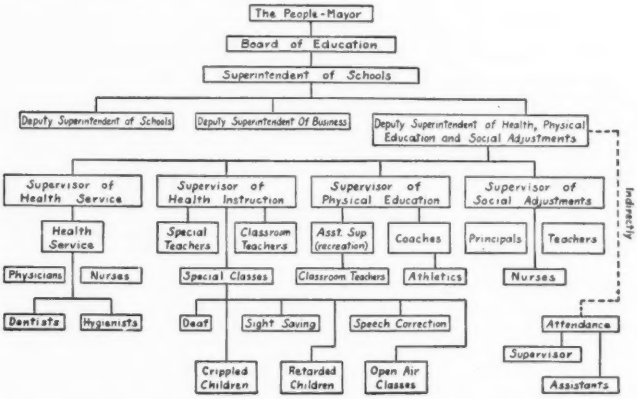
Control of Scarlet Fever in Schools—John E. Gordon, Ph.D., M.D., International Health Board.

Why School Physician Need to Organize—Charles H. Keene, M.D., University of Buffalo, Buffalo, N. Y.

MODEL SCHOOL HEALTH PROGRAM IN SCHENECTADY, NEW YORK

For several years an ideal program of school health service has been in operation in Schenectady, New York.

Its organization is as follows:



The plan has certain definite advantages. It dignifies the position of health director by making him a Deputy Superintendent of Schools.

In its set up the Board of Education wisely selects as such director, a physician well equipped to supervise and integrate all school health activities.

In the administration, with one responsible head, duplication of service is avoided, all phases of the work receive due consideration, mutual interests in the whole program is stimulated, and far better results accomplished.

The SCHOOL PHYSICIANS' BULLETIN extends its congratulations to Schenectady on such an excellent organization, so efficiently administered.

SCHOOL SUPERINTENDENT STRESSES HEALTH TEACHING BY MEDICAL INSPECTORS

The Essex South District Association of School Physicians held its Spring meeting in Lynn, Mass., on May 16.

It was well attended and full of interest. Mr. Ernest Stephens, assistant Superintendent of the City School was the speaker. He gave a strong address visualizing his interpretation of what a school health program should be.

In his opinion it should stress health teaching by the medical inspector who should be well qualified to do the work and occupy an important administrative position in the school system.

This instruction he said should be given during the physical examination which offers the best possible opportunity to impart needed information and to cultivate wholesome health habits.

Such a relationship to the school population by the medical inspector offers to him and the medical profession of the community, the greatest opportunity of modern time, to teach and to train boys and girls, in the fundamentals essential of good health, how to attain and to maintain it.

The speaker deplored professional jealousy so often found among doctors and urged their united efforts for medical leadership for the promotion of child health.

He commended the organization movement among school physicians, which he thought would do much to increase efficiency in the work and elevate the position of the medical inspector.

The medical profession should hasten the time when the school physician, by ample preparation, occupies in every school system, the position which his responsibilities and opportunities merit, for which he should be well compensated.

MICHIGAN SCHOOL MASTER'S CLUB EMPHASIZES HEALTH TEACHING

At its recent annual meeting the Michigan School Masters Club devoted one day to the consideration of health teaching.

"Glimpses of Health Teaching in the Public Schools of Michigan" was the "Theme" of the morning session. In the afternoon, "Health Programs at Junior and Senior High School Level" were considered.

All contributors to the programs were Michigan teachers and many phases of the work, all of practical value, were presented. It made a broad, instructive program. It told what the Michigan teachers are really doing in health education. They are to be congratulated on their ability to present such a program.

Every class room teacher, in her early training, should be prepared to teach health subjects and to train pupils to apply health knowledge to their daily lives.

Such preparation should be given to them in all teacher training institutions.

AN ENCOURAGING MESSAGE

421 No. Lincoln St., Liberal, Kansas, May 22, 1935.

Editor School Physicians Bulletin:

I desire to have you learn how much I appreciate reading your bulletins. It is encouraging to learn that some of our difficulties are similar to those others are encountering in other places, and that we can check our program with theirs. I mean we can sort of give our program a grade or rating and by doing so we can get new ideas and suggestions that will help us improve our program.

Sincerely, EVA M. BOURNE, P.H.N.

PENNSYLVANIA CHAPTER OF THE AMERICAN ASSOCIATION OF SCHOOL MEDICAL INSPECTORS

May 14, 1935.

Dr. William A. Howe, Editor School Physicians Bulletin, Albany, N. Y.

Dear Doctor: A meeting of the Western Pennsylvania group of school medical inspector, held in the Administration Building, Friday, May 10, was attended by sixty persons. The meeting was under the leadership of Dr. John S. Mackerell, Pittsburgh, the local chairman. Addresses were made by Dr. Harry B. Burns, Director of the Department of Hygiene, Pittsburgh Public Schools, Dr. George Feldstein, Pittsburgh pediatrician and former school inspector, and Dr. Mary J. Baker, New Castle schools, and a general discussion followed. Plans for increasing membership and arousing enthusiasm were discussed. Very truly yours,

A. M. KERR, M.D.,
President, Pennsylvania Chapter.

SCHOOL LUNCH SURVEY*

The School Lunch Survey showed that most children spent only fifteen cents for lunches. As there was a growing demand for nutritious and economical suggestions by teachers and untrained lunch managers, the State Department of Public Health is preparing a series of menus, three weeks each for autumn, winter, and spring with market orders and recipes in quantities for twenty-five and one hundred.

A similar series of menus were made for Sheffield, Mass., for example, a day's lunch: creamed chipped beef on toast, dark bread and butter sandwiches, buttered carrots, lime and raspberry jello with whipped cream, which sold for ten cents, and a glass of milk sold for two cents. The lunchroom is on a paying basis and also pays the wages of the woman who prepares the lunches.

The State Department wishes to keep up-to-date on other forward steps in meeting such problems. Could you send in for instance—

Successful methods of interesting children in buying balanced lunches.

Ways you have interested parents in putting up good box lunches.

Other ways of earning money for athletic teams than selling candy.

Popular dishes using protective foods.

Contact will be glad to serve as an exchange for ideas on outstanding improvements in school lunches which may be sent to Miss Mary Spalding, Nutritionist, State Department of Public Health, State House, Boston. She will also send you when they are ready the school lunch menus prepared by Miss Helen E. Inman of the Department, if you wish.

Comment.—This practical attempt to study and improve nutritional habits of school children should commend itself to all, who are interested in the basic necessity of child health, good nutrition, by a well balanced diet.

**Contact*, Massachusetts State Department of Public Health.

ANEMIA IN CHILDHOOD

The most common of all anemias among children and the most commonly overlooked is the anemia caused by undernourishment, according to a writer in *The Journal of the Medical Association of the State of Alabama*. Children born of weak or anemic parents may show a severe anemia at birth, but, as a rule, the trouble is not evident until after the fourth month.

Among the causes most commonly responsible for this condtiion are: (1) improper foods, insufficient sunlight and unhygienic surroundings; (2) rickets; (3) prolonged lactation by mothers physically unfit to nurse their babies; (4) adherence to a milk diet alone after six months of age; and (5) intestinal parasites. The supply of iron of a baby at birth is usually sufficient to meet the demands of growth for the first six months, but after this age lack of adequate food with the milk will cause anemia to develop.

In the anemic child a pallor of the skin and mucous membranes gradually develops. The tissues are flabby, fatigue comes easily and gastro-intestinal disturbances are frequent. Nervousness, irritability, poor appetite, improper growth, headache, disturbed sleep, chilliness, cold feet and hands, vague pains, constipation, enuresis, hemoptysis, irregular pulse. a murmur at the base of the heart, and shortness of breath are constant symptoms.—*Hygeia.*

ONLY BEST LIVER EXTRACT IMPORTANT IN ANEMIA

The term "pernicious" as applied to a condition such as anemia denotes one of grave import; it implies an injurious or destructive quality, the Iowa state department of health advises. Pernicious anemia has long been regarded as a highly fatal disease, but fortunately medical science has within recent years discovered a way in which the blood-forming tissues are stimulated to renew their function and bring about marked improvement.

Liver extract has been found to be of great benefit to patients with pernicious anemia, but this preparation should not be taken without a doctor's prescription after he has had an opportunity clearly to establish the nature of the illenss. There are several kinds of anemia, which is a condition caused by lack of blood. Pernicious anemia is a severe type of disorder, a disturbance of the blood-forming organs. Like diabetes, it is a deficiency disease. Liver extract may be worthless in some forms of anemia besides causing needless expense. On the other hand, patients with pernicious anemia should continue to use only a liver preparation of high quality and not an inferior substitute. "Quality," it has been said, "has no substitute," and this statement has deep meaning in treating pernicious anemia.—*Hygeia.*

GREEN LEAF LETTUCE

Head lettuce is appetizing, but otherwise almost useless. The important vitamins of which lettuce has an excellent assortment are associated with the green coloring matter, chlorophyl, as are also the iron and other food minerals. For this reason, green, or loose leaf lettuce, is the only sort worth eating.

Recent researches have disclosed the fact that the lime of lettuce is better utilized than that of milk. On this account, together with the fact that lettuce is rich in iron, whereas milk is so deficient in this element that animals fed exclusively on mlik become very anemic, it should be more freely used. Of course, the great bulk of lettuce required is a serious obstacle to making this the chief source of food lime, since lettuce contains, per ounce, only one-third the amount of lime contained in milk. Many other greenstuffs are much richer in lime, for example spinach contains twice as much lime as does lettuce; turnip tops eight times as much, and mustard greens twelve times.—*Good Health.*

BANANA POWDER HAS HIGH FOOD VALUE

A powder made from fresh raw bananas has been found by the Bureau of Home Economics of the United States Department of Agriculture to be an excellent source of concentrated vitamin G and B. The product is recommended for patients who frequently are unable or unwilling to take much food but who need food of a high caloric value.

It may prove of value in feeding children suffering from malnutrition and nursing mothers who need rich food. In some illnesses, fruit sugar as found in the banana powder is more easily digested than other sugars. The powder has a good flavor. When it was fed in measured amounts to rats, it enabled them to gain almost as rapidly as they did when they were fed fresh bananas. The vitamin C of fresh bananas is lost in the drying process.

DIET AND TEMPERANCE

Thinking people are beginning to realize the intimate relationship between diet and temperance, according to one writer in *The Pacific Coast Journal of Nursing.* True temperance will result if the following suggestions are heeded, for under such a plan of living there will be little desire for tobacco, alcohol, tea or coffee, the author says.

These principles of true temperance are:

1. Choose a simple diet, using vegetables and fruits freely.
2. Do not overeat.
3. Eat at regular intervals.
4. Thoroughly masticate the food.
5. Avoid the use of condiments, as mustard, pepper, vinegar and highly spiced foods.
6. Drink water freely.
7. To this program add plenty of exercise and sleep.

THE STOMACH NEEDS REST

Smith and Cowgill of Yale University have been studying the effect of meat extractives on gastric secretion. They find that after strong excitation of the gastric glands by a powerful stimulant such as meat extractives a second stimulating effect cannot be produced until after the lapse of four hours. The first doses of the extract made within this period produced no effect.

This experiment affords clear evidence that the stomach as well as the muscles and other organs after a period of activity requires rest to enable it to store up in its cells the energy needed for another effort.—*Good Health.*

IMPORTANCE OF A HEALTHY MIND

It was Ruskin who said that "education is not to teach a man to know what he does not know, but to behave as he does not behave." . . . There must also be a clear conception of the fundamental ends of life, strength, beauty, goodness and truth, as expressed in an intelligent, adaptable and reliable child, capable of sustained endeavor. These qualities cannot come by chance. They are effects of causes. They must be constructed out of the senses, the impulses, and the primitive emotions common to mankind.

Handbook of Suggestions on Health Education, Board of Education, London, England.

MEMBERSHIP APPLICATION
and BULLETIN SUBSCRIPTION
AMERICAN ASSOCIATION OF SCHOOL PHYSICIANS

I.....hereby apply for membership in American Association of School Physicians and enclose $2.00 for annual membership dues, $1.00 of which is for a year's subscription to the Bulletin of the American Association of School Physicians.

Date..... **(Signed)**.....

....

Official Position **Address**

Date.....

Please fill out and send with check to Dr. William A. Howe, Secretary and Treasurer, 883 Broadway, Albany, N. Y.

SAFETY EDUCATION IN MASSACHUSETTS

Miss Ida E. Scheib, Supervisor of Safety Education for the Massachusetts Department of Education, has administered tests to ten thousand pupils in urban, suburban and rural schools, in an effort to discover deficiencies in safety teaching. Each locality is instituting its own remedial program based on the findings of the test and the recommendations of the supervisor.

The test itself presents two major divisions. Section one is of the multiple-choice type and deals with safety facts:

1. Stop and look before crossing the street.
2. The red traffic light means "stop."
3. The safest place to cross the street is at the crossing or intersection.
4. Walk on the left side of the highway facing oncoming traffic if there are no sidewalks.
5. Pedestrians use a lighted flashlight on highways at night.
6. The safest place to play is in the child's yard.
7. A wise person does not ask or accept rides from strangers.
8. Bicycle riders should give hand signals.
9. Each pedestrian and each motorist is responsible for his own safety and that of others.
10. Signs and signals are for both the pedestrian and the motorist.

Section two could not hope to measure attitudes but planned to detect occasional unfavorable ones. The questions concerned themselves with the following suggestive ideas:

1. Cowardice or courage in refusing to hop trucks.
2. Fairness in denial of toys if proper places for their use are not available.
3. Choice of being late for school or crossing the street between intersections.
4. Refusal or acceptance of a proffered ride from a fine-looking man.
5. The safe way to retrieve a ball which has rolled into the street.

With certain revisions and modifications the testing continues not so much to determine the State procedure as to aid local school authorities in surveying or diagnosing their safety teaching and in setting up their remedial measures and subsequent programs. Though there is a danger of drawing unsubstantiated conclusions, and though objective tests must not be deemed infallible, this Massachusetts plan has proved to be a valuable instrument in improving safety education.—*Safety Education.*

The child accident problem can be solved. In the eight-year period from 1922 to 1929, accidental deaths of persons of all ages increased approximately 29 per cent. In the same period, deaths of children under 15 years of age decreased 2.3 per cent. It is said that this decrease may be attributed to the beginning of the study of safety education in the schools.—*Georgia Education Journal.*

SAFETYGRAMS

Leaving matches around in spots
Within the reach of playful tots
Is on our list of "Certainly Nots."

There are no "buts" about a cigarette butt. It should be put out completely before it is thrown away.

Careful housewives are never caught napping with naphtha near an open flame.

Remember, the safety of the home is all bound up with the kind of cord used for electric extensions. Worn cords should have worn out their welcome long ago.

People who have an idea it's safe enough to keep gasoline in the house are apt to find that more than their theory has been exploded.

There's no medicine that is good for everything. Whenever you hear such claims, it is far better to take a large grain of salt.

TEN DON'TS EVERYONE SHOULD KNOW

1. Don't swim alone.
2. Don't dive without being certain that the water is safe for diving.
3. Don't swim within one hour—preferably two—of eating.
4. Don't leave an overturned boat unless you know it will sink.
5. Don't attempt to swim with your clothes on, if you can possibly get them off.
6. Don't swim away from the beach—swim *along* it.
7. Don't go near deep water if you don't know how to swim.
8. Don't mix alcohol and deep water.
9. Don't call for help when you don't need it.
10. Don't, unless you are an expert life-saver, go to the aid of a violently struggling victim. If you cannot row, tow, or throw him anything, wait until his struggles subside before attempting a rescue.

And in applying artificial respiration, *don't*

a. Waste time.
b. Stop until the victim revives or rigor mortis sets in.
c. Allow the victim to move for some time after he regains consciouness.—*The Red Cross Courier*, by Lieutenant Herbert G. Sparrow, United States Army.

Safety campaigns, like fire prevention effort, must go forward 365 days in the year, with eternal vigilance at every hour of the day and night, if anything tangible is to be accomplished. Sporadic effort only emphasizes the inherent carelessness of the people.

SUMMER SAFETIES

City boys and girls on a visit to the farm had better learn the habits of the animals before they get too intimate with them. Remember your city training at the zoo and "Do not feed or annoy the animals."

TIPS TO TRAVELERS

1. Happy vacation! When packing up your necessities for the trip, be sure to include your presence of mind.

2. It is not very long-headed to stick one's head out of the window of a moving train.

3. Don't be so eager to see your destination that you jump off the train before it stops. . . . One traveller who did this saw nothing but the local hospital for the next six weeks.

People lost in the woods sometimes find their way by the stars. But we don't know much about astronomy. For instance, would the Little Bear tell one to bear a little to the left or the right? The best scheme for walkers in the woods is never to wander away from their party. . . . Then there was the explorer who marked his trail by scattering rice and forgot that birds get hungry.

The camper who sharpened his knife by cutting toward himself should first have sharpened his wits.

TO PREVENT SNAKEBITE

Wear high boots, high shoes or heavy leggings when walking through snake-infested territory.

Exercise care in reaching for an object or picking up an object from the ground, and in climbing rocks be sure that the hands are not placed ir the vicinity of a snake.

What Not to Do

Do not run or get overheated.

Do not take any alcoholic stimulants, because circulation increased by alcohol or by exercise serves to distribute the poison through the body much more rapidly.

Do not injure the tissues by injecting permanganate of potash, which is now known to be of no value as an antidote.

Do not depend on "home remedies" or "snakebite cures" for they are of absolutely no value.

What to Do

Carry a clean, sharp knife or razor blade when in snake-infested territory.

After making proper incisions at the site of the wound, apply suction and continue for at least half an hour.

Apply a tourniquet above the site of the wound, releasing it every ten or fifteen minutes for about a minute at a time.

If the proper antivenom serum is available, apply it according to directions, but most important of all is to remove as much of the poison as is possible so as to prevent its absorption.

Secure the services of a physician at the earliest possible moment.—*Weekly Bulletin,* California Department of Public Health.

IN THE SWIM

It is advisable for swimmers not to depend too much either on inflated playthings or inflated vanity. Overestimating one's swimming ability has caused many accidents. . . . Good swmmers know a variety of strokes, so that they do not tire easily. However, one stroke to avoid at the beach is the old-fashioned sunstroke. The medical name for this is siriasis, which sounds as if it might mean "very serious" in Latin or something.—*Safety Education.*

AVOID EATING

a. Green apples.
b. Unknown berries.
c. Before you take a swim.

BUT—it's better to eat your words than to carry out a reckless dare.

THE SPORTSMAN'S CODE

1. I will never allow the muzzle of my gun to point at anything which I do not intend to shoot.
2. I will never load my gun when the muzzle is pointed at any part of my body or at any person; nor stand in front of anybody who is loading a gun.
3. I will never cock my gun and pull the trigger for fun.
4. I will never shoot directly at a flat, hard surface, a bottle or similar object, as the bullet is certain to ricochet (glance) from it.
5. I will never handle a gun *without first opening the breech to be sure the gun is empty* and looking through the bore to see that it is clean.
6. I will never carry my gun loaded except when hunting and will then be sure that it is locked in the "safe" position.
7. I will never shoot at a song-bird or harmless animal for sport and will always be sure that no wounded game is left to suffer.
8. I will remember that a .22 caliber bullet will travel three-quarters of a mile or through nine inches of ordinary board, and will ricochet a long way across water.
9. I will always put my gun muzzle first through a fence before I climb the fence—and I will climb over between the next two fence posts.
10. I will always give my gun a thorough cleaning as soon as I am through firing.—*Safety Education.*

LIFE-SAVING ILLUMINATION

Nation-wide statistics show that while only twenty per cent of traffic is on our highways during the hours of darkness, nearly fifty per cent of the accidents happen during those hours, and more than half of the fatalities occur then. The reason lies in the inadequacy and faultiness of illumination of streets and highways; and glaring headlights make the task of seeing difficult. A writer in *Safty Engineering* urges the use of smaller, more concentrated headlights, which will be less blinding to the oncoming car and increase roadway illumination at a distance further ahead of the car.

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Albany, - - - New York

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